

ISSUE SLIP STAMP AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	D.B.	2000	8-11-99
O.I.P.E. CLASSIFIER		8	8-13-99
FORMALITY REVIEW		71634	8/25/99

INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral) Canceled  
 + ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Final	Original	Date
1	✓	5	
2	✓	2	
3	✓	6	
4	✓	1	
5	✓	0	
6	✓	1	
7	✓	1	
8	✓	1	
9	✓	1	
10	✓	1	
11	✓	1	
12	✓	1	
13	✓	1	
14	✓	1	
15	✓	1	
16	✓	1	
17	✓	1	
18	✓	1	
19	✓	1	
20	✓	1	
21	✓	1	
22	✓	0	
23	✓	1	
24	✓	1	
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28	✓	1	
29	✓	1	
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45	✓	1	
46	✓	1	
47	✓	1	
48	✓	1	
49	✓	1	
50	✓	1	

Claim	Final	Original	Date
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Claim	Final	Original	Date
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